

evidence based guidelines

OPIOID TREATMENT IN THE E.D.

All patients receive

- Urine drug screen (Alcohol level at the discretion of the ED provider)
- Brief intervention
- Overdose education
- Naloxone distribution
- Referral to an addiction recovery program such as:

Samaritas

Phone: (616) 350-7781

On-line referral: www.samaritas.org/Building-Communities/Substance-Use-Disorders

For mild abuse or withdrawal (COWS < 8)

Recommend appt ASAP with MAT provider at their PCP office:

- HHMG-S.Washington: P. Christensen
- Intercare: L. Zarlenga
- Lakewood Family Medicine: K. Lindberg
- All others: Utilize MAT provider through Samaritas (see above)

For moderate or severe withdrawal (COWS ≥ 8)

Administer buprenorphine in E.D.

- Start with 4mg SL if the patient uses low doses of opioids (< 80 MME/day) or only intermittently uses
- Start with 8mg SL if the patient uses high doses of opioids (≥ 80 MME/day or ≥ 1gm heroin)
- Repeat dose if symptoms worsen or don't improve in 30 minutes
- Be cautious about over-sedation if the patient has also been abusing sedatives or Etoh
- The majority of ED patients will receive relief with 8mg or 16mg of total buprenorphine

Treat withdrawal symptoms if necessary

- ondansetron ODT 4 – 8mg po three times daily as needed for nausea
- clonidine 0.1 po every four hours as needed for shakes/sweats

May also use: promethazine, loperamide, hydroxyzine, and/or trazodone at standard doses

Avoid co-administering benzodiazepines and warn patient about simultaneous use with buprenorphine

Provide Follow-up with an MAT provider as above

The patient may return up to three days (72hrs) in a row to receive buprenorphine while awaiting contact with a long-term provider